



**GOVERNMENT OF INDIA, MINISTRY OF RAILWAYS**  
**RAILWAY RECRUITMENT BOARDS**  
**CORRIGENDUM**  
**To DETAILED CENTRALISED EMPLOYMENT NOTICE**  
**(CEN) No.02/2018**



With reference to the Detailed Centralized Employment Notice (CEN) 02/2018 published on the official websites of Railway Recruitment Boards (RRBs), following changes are made:-

1. The **date and time** of closing of the CEN is extended upto **31/03/2018 at 23.59 hrs.**
2. The contents of **Sl. No. 6 of Important Instructions** and **Para 5.0** regarding **age as on 01/07/2018** to be read as **18 to 33** years.
3. **Para 1.8 of General Instructions to be read as under:-**

Signatures of the candidates on all documents should be identical in all stages of recruitment process and should not be in block/capital letters. Signatures in different style at the time of CBT, PET and DV etc., may result in cancellation of candidature.

4. The **Para 5.2** is amended as under:-  
 Date of birth of the candidate should be between the dates given below (Both dates inclusive):

SI No	Age Group	Upper Limit of Date of Birth (Not earlier than)			Lower Limit of Date of Birth (Not later than)	Remarks*
		UR	OBC – Non Creamy Layer	SC/ST		
1	18 to 33 years				For all Community / Categories	Candidates belonging to community/categories in the table at para 5.1 shall be eligible for age relaxation as applicable. <b>Note:</b> The date of birth limits for SC/ST & OBC-NCL given in this table includes community age relaxation.
		02.07.1985	02.07.1982	02.07.1980	01.07.2000	

\* **If a candidate is eligible for relaxation of age on more than one ground, he/she would be accorded the highest of the age relaxations (not cumulative) for which he/she is eligible**

5. The table at **Para 7.0** regarding examination fee is amended as under:-

SI No	Candidate Categories	Fee
1	For all candidates except the fee concession categories mentioned below at Sl. No.2 * Out of this fee of ₹ 500, an amount of ₹ 400 shall be refunded duly deducting bank charges, on appearing in the CBT.	₹ 500*
2	For Candidates belonging to SC / ST / Ex-Serviceman / PWDs / Female / Transgender / Minorities / Economic Backward Class. ** This fee of ₹ 250 shall be refunded duly deducting bank charges, on appearing in the CBT.	₹ 250**

6. The contents of **Para 7.1 sub-para a & b** regarding the modes of payment of fees / last dates for payment to be read as under:-

- a. **ONLINE** fee payment through internet banking or debit/credit cards upto **30/03/2018 till 23.59 hrs.**
- b. **OFFLINE** fee payment through
  - (i) SBI Bank Branch for Challan Payment Mode closes on **28/03/2018 at 15.00 hrs** in any branch of SBI
  - (ii) Post Office Challan Payment Mode closes on **27/03/2018 at 15.00 hrs** in any branch of computerized Post Offices.

7. **Para 7.4 is amended as under:-**

Candidates should provide details of beneficiary account viz. Account holder name, Account Number and IFSC code in the online application, in which they would like to receive the refund of ₹ 250 or ₹ 400 as applicable. The refund of fee will be made duly deducting the bank charges on appearing in the CBT.

8. The date 12.3.2019 mentioned at **Para 10.2** to be read as **31.3.2019.**

9. The Para 11.0, 11.1, 11.2 and 11.3 are substituted by the following

**11.0 Reservation for Persons with Benchmark Disabilities (PwBD)**

11.1 The suitability or otherwise of a post for PwBD has been indicated against each post, under the column "Suitability for Persons with Benchmark Disabilities" with details of Sub-disability in Annexure A of this corrigendum.

**11.2 Benchmark Disabilities:-**

As per The Rights of Persons with Disabilities (RPwD) Act, 2016 (effective from 19<sup>th</sup> April, 2017), the Benchmark Disabilities are as under:-

(a) blindness and low vision;

(b) deaf and hard of hearing;

(c) locomotor disability including cerebral palsy, leprosy cured, dwarfism, acid attack victims and muscular dystrophy;

(d) autism, intellectual disability, specific learning disability and mental illness;

(e) multiple disabilities from amongst persons under clauses (a) to (d) including deaf-blindness in the posts identified for each disabilities.

Definition of Specified Disabilities as provided in the Schedule of RPwD Act, 2016 is available as Annexure A-1 of this corrigendum.

**11.3 Degree of Benchmark Disability for reservation and Competent Authority for Issue of Disability Certificate:**

Only such persons would be eligible for relaxation in conditions / reservation in posts who suffer from not less than 40 percent of relevant benchmark disability.

Those Persons with Benchmark Disabilities (PwBD) who have availed the relaxation and/or reservation and shortlisted for Document Verification have to submit Certificate of Disability issued by the Competent Authority as per the form V, VI and VII of rule 18(1) under chapter 7 of Rights of Persons with Disabilities Rules, 2017 dated 15.06.2017. Refer Annexure V(A), V(B) and V(C) of this corrigendum for the revised formats.

The existing certificates of disability issued under the Persons with Disabilities Act 1995 (since repealed) shall continue to be valid for the period specified therein.

10. Wherever VH, OH and HH is indicated in the detailed CEN including Vacancy table at Para 2.0 and Annexure B, the same to be read as Visual Impairment, Locomotor Disabilities and Hearing Impairment respectively.

Candidates with benchmark disabilities of Leprosy cured, dwarfism and acid attack victim (which were not mentioned earlier in the detailed CEN 01/2018 published on 03/02/2018) are eligible to submit online application against the suitable posts. Also, candidates with benchmark disabilities of Deaf and Hard of hearing indicated separately now are eligible to apply against the suitable posts.

Refer Annexure A of this corrigendum for revised suitability of posts for various benchmark Disabilities. Rest of the additional benchmark disabilities stipulated under the Rights of Persons with Disabilities Act 2016 shall be covered in future recruitments, as per the suitability of posts to be identified for specified disability.

11. In **Para 15.2 sub para (a)**, the modification fee stands revised to ₹100 (Non-Refundable). All those who have made modifications to the application earlier with the payment of ₹250 shall get the refund of the excess amount of ₹150 to the beneficiary account furnished in the application.

**12. Para 20.0** to be read as under:-

Details of various RRBs, their Website Addresses and exam language options are indicated below:

Name of RRB and Railway	Website Address	Telephone Numbers	Exam Language choice in addition to English
Ahmedabad (WR)	www.rrbahmedabad.gov.in	079 – 22940858	Assamese, Bengali, Gujarati, Hindi , Kannada, Konkani, Malayalam, Manipuri, Marathi, Odia, Punjabi, Tamil, Telugu, Urdu.
Ajmer (NWR)	www.rrbajmer.gov.in	0145 – 2425230	
Allahabad (NCR)	www.rrbald.nic.in	0532 – 2224531	
Bangalore (SWR)	www.rrbbnc.gov.in	080 – 23330378	
Bhopal (WCR)	www.rrbbpl.nic.in	0755 – 2746660	
Bhubaneswar (ECoR)	www.rrbbbs.gov.in	0674 – 2303015	
Bilaspur (SECR)	www.rrbbilaspur.gov.in	07752 - 247291	
Chandigarh (NR)	www.rrbcdg.gov.in	0172 – 2730093	
Chennai (SR)	www.rrbchennai.gov.in	044 – 28275323	
Gorakhpur (NER)	www.rrbgkp.gov.in	0551 – 2201209	
Guwahati (NFR)	www.rrbguwahati.gov.in	0361 – 2540815	
Kolkata (ER)	www.rrbkolkata.gov.in	033 – 25430108	
Mumbai (CR)	www.rrbmumbai.gov.in	022 – 23090422	
Patna (ECR)	www.rrbpatna.gov.in	0612 – 2677680	
Ranchi (SER)	www.rrbranchi.gov.in	0651 - 2462429	
Secunderabad (SCR)	www.rrbsecunderabad.nic.in	040 – 27821663	

13. The abbreviations, D=Deaf, HH=Hard of Hearing, LC=Leprosy Cured, DW=Dwarfism and AAV=Acid Attack Victim are added to the abbreviations for disabilities in table at Para 21.0

14. The Minimum Educational Qualification for all the notified posts as per the Annexure A(Post Parameters) of this corrigendum is:-

“10<sup>th</sup> pass (OR) ITI from institutions recognized by NCVT/SCVT (or) equivalent (OR) National Apprenticeship Certificate (NAC) granted by NCVT”.

15. To facilitate candidates to revise their preferences for various posts based on their revised eligibility on account of changes in qualification and PWD suitability (Refer Annexure A of this corrigendum) as applicable, updation of beneficiary account details for refund of examination fee on appearing in the CBT and modification of exam language a separate tab has been enabled in the online application portal. Candidates are advised to click on the online application link of CEN 02/2018 available on the official websites of RRBs and login with their credentials to modify/update the above details as applicable.

16. All other contents of the detailed CEN 02/2018 remain unchanged.

**No: RRBs/CEN 2-2018/Corrigendum - 1**  
**Date: 28/02/2018**

**Chairpersons**  
**Railway Recruitment Boards**

## CEN 2/2018 – POST PARAMETERS

Cat No.	Designation	Department	Medical Standard	Suitability for Persons with Benchmark Disability			Minimum Educational Qualification
				Visual Impairment	Hearing Impairment	Locomotor Disabilities	
1	HELPER / ELECTRICAL (WORKSHOP)	ELECTRICAL	C1	B, LV	D, HH	OL, LC, DW, AAV	10th pass (OR) ITI from institutions recognised by NCVT/SCVT (or) equivalent (OR) National Apprenticeship Certificate (NAC) granted by NCVT
2	HELPER / ELECTRICAL / AC	ELECTRICAL	B1	NO	D, HH	OL, LC, DW, AAV	
3	HELPER / ELECTRICAL / GENERAL SERVICES	ELECTRICAL	B1	NO	D, HH	OL, LC, DW, AAV	
4	HELPER / ELECTRICAL / POWER	ELECTRICAL	B2	NO	D, HH	OL, LC, DW, AAV	
5	HELPER / ELECTRICAL / TRAIN LIGHTING	ELECTRICAL	B1	NO	D, HH	OL, LC, DW, AAV	
6	HELPER / ELECTRICAL / TRD	ELECTRICAL	B1	NO	D, HH	OL, LC, DW, AAV	
7	HELPER / ELECTRICAL / TRS	ELECTRICAL	B1	NO	D, HH	OL, LC, DW, AAV	
8	HELPER / BRIDGE	ENGINEERING	B1	NO	NO	NO	
9	HELPER / CIVIL	ENGINEERING	B1	NO	NO	NO	
10	HELPER / CIVIL (WORKSHOP)	ENGINEERING	C1	B, LV	D, HH	OL, LC, DW, AAV	
11	HELPER / P WAY	ENGINEERING	B1	NO	NO	NO	
12	HELPER / TRACK MACHINE	ENGINEERING	B1	NO	D, HH	OL, LC, DW, AAV	
13	HELPER / WORKS	ENGINEERING	B1	NO	D, HH	OL, LC, DW, AAV	
14	TRACK MAINTAINER GRADE IV	ENGINEERING	B1	NO	NO	NO	
15	HELPER / MECHANICAL	MECHANICAL	C1	NO	D, HH	OL, LC, DW, AAV	
16	HELPER / MECHANICAL / CARRIAGE and WAGON	MECHANICAL	B1	NO	D, HH	OL, LC, DW, AAV	
17	HELPER / MECHANICAL / DIESEL ELECTRICAL	MECHANICAL	B1	NO	D, HH	OL, LC, DW, AAV	
18	HELPER / MECHANICAL / DIESEL MECHANICAL	MECHANICAL	B1	NO	D, HH	OL, LC, DW, AAV	
19	HELPER MECHANICAL (POWER)	MECHANICAL	B1	NO	D, HH	OL, LC, DW, AAV	
20	HELPER / S and T	S and T	B1	NO	D, HH	OL, LC, DW, AAV	
21	HELPER / S and T (WORKSHOP)	S and T	C1	B, LV	D, HH	OL, LC, DW, AAV	
22	HELPER / SIGNAL	S and T	B1	NO	D, HH	OL, LC, DW, AAV	
23	HELPER / TELECOMMUNICATION	S and T	B1	NO	D, HH	OL, LC, DW, AAV	
24	HELPER / MEDICAL	MEDICAL	C1	B, LV	D, HH	OL, LC, DW, AAV	
25	HOSPITAL ATTENDANT	MEDICAL	C1	B, LV	D, HH	OL, LC, DW, AAV	
26	ASSISTANT POINTSMAN	TRAFFIC	A2	NO	NO	NO	
27	GATEMAN	TRAFFIC	A2	NO	NO	NO	
28	PORTER / HAMAL / SWEEPER CUM PORTER	TRAFFIC	A2	NO	NO	NO	

Abbreviations: B= Blind, LV=Low Vision; D=Deaf; HH=Hard of Hearing; OL=One Leg; LC=Leprosy Cured; DW=Dwarfism; AAV=Acid Attack Victim

CEN 02/2018  
DEFINITION OF SPECIFIED DISABILITIES

1. Physical disability.—

A. Locomotor disability (a person's inability to execute distinctive activities associated with movement of self and objects resulting from affliction of musculoskeletal or nervous system or both), including—

- (a)** "leprosy cured person" means a person who has been cured of leprosy but is suffering from—
- (i) loss of sensation in hands or feet as well as loss of sensation and paresis in the eye and eye-lid but with no manifest deformity;
  - (ii) manifest deformity and paresis but having sufficient mobility in their hands and feet to enable them to engage in normal economic activity;
  - (iii) extreme physical deformity as well as advanced age which prevents him/her from undertaking any gainful occupation, and the expression "leprosy cured" shall construed accordingly;
- (b)** "cerebral palsy" means a Group of non-progressive neurological condition affecting body movements and muscle coordination, caused by damage to one or more specific areas of the brain, usually occurring before, during or shortly after birth;
- (c)** "dwarfism" means a medical or genetic condition resulting in an adult height of 4 feet 10 inches (147 centimeters) or less;
- (d)** "muscular dystrophy" means a group of hereditary genetic muscle disease that weakens the muscles that move the human body and persons with multiple dystrophy have incorrect and missing information in their genes, which prevents them from making the proteins they need for healthy muscles. It is characterised by progressive skeletal muscle weakness, defects in muscle proteins, and the death of muscle cells and tissue;
- (e)** "acid attack victims" means a person disfigured due to violent assaults by throwing of acid or similar corrosive substance.

B. Visual impairment—

- (a)** "blindness" means a condition where a person has any of the following conditions, after best correction—
- (i) total absence of sight; or
  - (ii) visual acuity less than 3/60 or less than 10/200 (Snellen) in the better eye with best possible correction; or
  - (iii) limitation of the field of vision subtending an angle of less than 10 degree.
- (b)** "low-vision" means a condition where a person has any of the following conditions, namely:—
- (i) visual acuity not exceeding 6/18 or less than 20/60 upto 3/60 or upto 10/200 (Snellen) in the better eye with best possible corrections; or
  - (ii) limitation of the field of vision subtending an angle of less than 40 degree up to 10 degree.

C. Hearing impairment—

- (a)** "deaf" means persons having 70 DB hearing loss in speech frequencies in both ears;
- (b)** "hard of hearing" means person having 60 DB to 70 DB hearing loss in speech frequencies in both ears;

D. "speech and language disability" means a permanent disability arising out of conditions such as laryngectomy or aphasia affecting one or more components of speech and language due to organic or neurological causes.

2. Intellectual disability, a condition characterised by significant limitation both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behaviour which covers a range of every day, social and practical skills, including—

- (a)** "specific learning disabilities" means a heterogeneous group of conditions wherein there is a deficit in processing language, spoken or written, that may manifest itself as a difficulty to comprehend, speak, read, write, spell, or to do mathematical calculations and includes such conditions as perceptual disabilities, dyslexia, dysgraphia, dyscalculia, dyspraxia and developmental aphasia;

**(b)** "autism spectrum disorder" means a neuro-developmental condition typically appearing in the first three years of life that significantly affects a person's ability to communicate, understand relationships and relate to others, and is frequently associated with unusual or stereotypical rituals or behaviours.

3. Mental behaviour,—

"mental illness" means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognise reality or ability to meet the ordinary demands of life, but does not include retardation which is a condition of arrested or incomplete development of mind of a person, specially characterised by subnormality of intelligence.

4. Disability caused due to—

(a) chronic neurological conditions, such as—

- (i) "multiple sclerosis" means an inflammatory, nervous system disease in which the myelin sheaths around the axons of nerve cells of the brain and spinal cord are damaged, leading to demyelination and affecting the ability of nerve cells in the brain and spinal cord to communicate with each other;
- (ii) "parkinson's disease" means a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movement, chiefly affecting middle-aged and elderly people associated with degeneration of the basal ganglia of the brain and a deficiency of the neurotransmitter dopamine.

(b) Blood disorder—

- (i) "haemophilia" means an inheritable disease, usually affecting only male but transmitted by women to their male children, characterised by loss or impairment of the normal clotting ability of blood so that a minor wound may result in fatal bleeding;
- (ii) "thalassemia" means a group of inherited disorders characterised by reduced or absent amounts of haemoglobin.
- (iii) "sickle cell disease" means a hemolytic disorder characterised by chronic anaemia, painful events, and various complications due to associated tissue and organ damage; "hemolytic" refers to the destruction of the cell membrane of red blood cells resulting in the release of hemoglobin.

5. Multiple Disabilities (more than one of the above specified disabilities) including deaf blindness which means a condition in which a person may have combination of hearing and visual impairments causing severe communication, developmental, and educational problems.

6. Any other category as may be notified by the Central Government.

## FORM-V

## Certificate of Disability

(In cases of amputation or complete permanent paralysis of limbs or dwarfism and in case of blindness)

[See Rule 18(1)]

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

Recent passport size  
attested  
photograph  
(Showing face  
only) of the person  
with disability

Certificate No.....

Date: .....

**This is to certify that I have carefully examined**

Shri/Smt/Kum.....

son/wife/ daughter of Shri.....

Date of Birth ..... (DD/MM/YYYY) Age ..... Years, Male/Female .....

Registration No. .... permanent resident of

House No. .... Ward/Village/Street ..... Post

Office..... District .....

State ....., whose photograph is affixed above, and am satisfied that:

(A) He/she is a case of:

- Locomotor Disability
- Dwarfism
- Blindness

(Please tick as applicable)

(B) The diagnosis in his/her case is .....

(1) He/She has .....% (in figure)..... percent (in words) permanent locomotor disability/dwarfism/blindness in relation to his/her ..... (part of body) as per guidelines (.....number and date of issue of the guidelines to be specified).

(2) The applicant has submitted the following document as proof of residence:

Nature of Document	Date of Issue	Details of authority issuing certificate

(Signature and Seal of Authorized Signatory of  
Notified Medical Authority)

Signature/Thumb  
Impression of the person in  
whose favour certificate of  
disability is issued

**FORM-VI**

**REVISED ANNEXURE V(B)**

Certificate of Disability  
(In cases of multiple disabilities)  
[See Rule 18(1)]

(Name and Address Of The Medical Authority Issuing The Certificate)

Recent passport size  
attested  
photograph  
(Showing face  
only) of the person  
with disability

Certificate No:.....

Date: .....

1. This is to certify that we have carefully examined  
Shri/Smt./Kum .....

son/wife/daughter of Shri .....

Date of Birth (DD/MM/YYYY) .....Age.....years, Male/Female.....

Registration No. .... permanent resident of House No..... Ward/Village/Street .....  
Post Office.....District.....State..... whose photograph is affixed above, and I am satisfied  
that:

(A) He/She is a case of **Multiple Disability**. His/Her extent of permanent physical impairment/disability has been evaluated as per guidelines (.....number and date of issue of the guidelines to be specified) for the disabilities ticked below, and is shown against the relevant disability in the table below:

Sl.No.	Disability	Affected part of body	Diagnosis	Permanent physical impairment/mental disability (in%)
1	Locomotor Disability	@		
2	Muscular Dystrophy			
3	Leprosy cured			
4	Dwarfism			
5	Cerebral Palsy			
6	Acid attack Victim			
7	Low Vision	#		
8	Blindness	#		
9	Deaf	£		
10	Hard of Hearing	£		
11	Speech and Language disability			
12	Intellectual Disability			
13	Specific Learning Disability			
14	Autism Spectrum Disorder			
15	Mental illness			
16	Chronic Neurological Conditions			
17	Multiple Sclerosis			
18	Parkinson's Disease			
19	Haemophilia			
20	Thalassemia			
21	Sickle Cell disease			

(B) In the light of the above, his/her over all permanent physical impairment as per guidelines (.....number and date of issue of the guidelines to be specified), is as follows:-  
In figures: .....% In words : .....percent

2. This condition is progressive/non-progressive/likely to improve/not likely to improve.

3.Reassessment of disability is :

i) not necessary, Or

ii) is recommended/after .....years .....months, and therefore this certificate shall be valid till  
..... (DD/MM/YYYY)

@ e.g. Left/Right/both arms/legs; # e.g Single eye; £ e.g. Left/Right/both ears

4. The applicant has submitted the following document as proof of residence:

Nature of Document	Date of issue	Details of authority issuing certificate

5. Signature and seal of the Medical Authority:

<b>Name and Seal of Member</b>	<b>Name and Seal of Member</b>	<b>Name and Seal of the Chairperson</b>

Signature/Thumb impression of the person in whose favour  
Certificate of disability is issued

**FORM-VII**  
**Certificate of Disability**  
**(In cases other than those mentioned in Forms V and VI)**  
**(Name and Address Of The Medical Authority Issuing The Certificate)**  
 [See rule 18(1)]

Recent Passport  
 Size  
 Attested  
 Photograph  
 (Showing face  
 only) of the person  
 with disability

Certificate No:.....

Date: .....

1. This is to certify that I have carefully examined  
 Shri/Smt./Kum.....  
 son/wife/daughter of Shri .....  
 Date of Birth(DD/MM/YYYY)..... Age ..... years, male/female ..... Registration No.  
 ..... permanent resident of House No..... Ward/Village/Street..... Post  
 Office..... District..... State ....., whose photograph is affixed above,  
 and I am satisfied that he/she is a case of ..... disability. His/her extent of percentage  
 physical impairment/disability has been evaluated as per guidelines (..... number and date of issue of  
 the guidelines to be specified) and is shown against the relevant disability in the table below:-

SI.No.	Disability	Affected part of body	Diagnosis	Permanent physical impairment/mental disability (in%)
1	Locomotor Disability	@		
2	Muscular Dystrophy			
3	Leprosy cured			
4	Cerebral Palsy			
5	Acid attack Victim			
6	Low Vision	#		
7	Deaf	€		
8	Hard of Hearing	€		
9	Speech and Language disability			
10	Intellectual Disability			
11	Specific Learning Disability			
12	Autism Spectrum Disorder			
13	Mental illness			
14	Chronic Neurological Conditions			
15	Multiple Sclerosis			
16	Parkinson's Disease			
17	Haemophilia			
18	Thalassemia			
19	Sickle Cell disease			

(Please strike out the disabilities which are not applicable)

2. The above condition is progressive/non-progressive/likely to improve/not likely to improve.  
 3. Reassessment of disability is:  
 (i) not necessary, Or  
 (ii) is recommended/after ..... years ..... months, and therefore this certificate shall be valid till ..... (DD/MM/YYYY)  
 @ e.g. Left/Right/both arms/legs; # e.g. Single eye/both eyes; € e.g. Left/Right/both ears  
 4. The applicant has submitted the following document as proof of residence:

Nature of Document	Date of Issue	Details of authority issuing certificate

(Authorized Signatory of notified Medical Authority)  
 (Name and Seal)

Countersigned  
 {Counter signature and seal of the Chief Medical Officer/Medical Superintendent/  
 Head of Government Hospital, in case the  
 Certificate is issued by a medical authority who is  
 Not a Government servant (with seal)}

Signature/Thumb impression of  
 the person in whose favour  
 certificate of disability is issued.

**Note:** In case this certificate is issued by a Medical Authority who is not a Government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District.